

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/749,345
Filing Date	December 30, 2003
First Named Inventor	Douglas Vaughn
Art Unit	3733
Examiner Name	Jerry Cumberledge
Attorney Docket Number	2579.061US1

To: **Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners associated with Customer Number: 21186

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)
 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)
 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)
 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Inventor or Assignee Name: Synthes (U.S.A.)

Address 1302 Wrights Lane East **City** West Chester **State** PA **Zip** 19380 **Country** United States of America

Telephone _____ **Email** _____

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature David C. Peterson

Name David C. Peterson **Registration No.** 47,857

Address 1600 TCF Tower, 121 South 8th Street

City Minneapolis **State** MN **Zip** 55402 **Country** USA

Date 10 / 12 / 2016 **Telephone No.** (612) 373-6944

NOTE: Withdrawal is effective when approved rather than when received.